



Waste Evaluation Application Package {Rule Reference 1200-1-7-.01(4)}

The following documents are included in this Waste Evaluation Application Package:

1. Waste Evaluation Application
2. Waste Evaluation Fee Worksheet
3. Link to Environmental Field Office (EFO) Addresses (www.tdec.net/efo)

INSTRUCTIONS FOR COMPLETING WASTE EVALUATION PROCESS

A separate application, worksheet and fee of \$250 must be submitted for each waste stream.

I) Waste Evaluation Application

1. Complete the Waste Evaluation Application. ALL topics/questions must be addressed and completed before the application can be evaluated.
2. Attach laboratory analysis of the waste as appropriate and/or applicable Material Safety Data Sheets to the Waste Evaluation Application.
3. Mail the completed Waste Evaluation Application to the proper FIELD OFFICE in the region of your proposed disposal/processing facility with mailing addresses provided from EFO link above. (Please remember that the fee and the completed fee form are mailed to a separate address as described below.)

II) Waste Evaluation Fee Worksheet

1. Complete the Waste Evaluation Fee Worksheet answering ALL questions.
2. Attach check for \$250 made payable to the Treasurer, State of Tennessee.
3. Mail check and Waste Evaluation Fee Worksheet to the address below:

State of Tennessee
Department of Environment and Conservation
Division of Fiscal Services – Fee Section – SWM
401 Church Street 14th Floor -Tower
Nashville, TN 37243



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
WASTE EVALUATION APPLICATION**

PLEASE COMPLETE ALL QUESTIONS

Official Use Only

SPC ID # _____

1. GENERATOR INFORMATION.

(A) Facility Name: _____
Mailing Address: _____

Zip Code: _____
Phone: (_____) _____
(B) Physical Location: _____
County: _____
Phone: (_____) _____
(C) Nature of Business: _____
Technical Contact: _____
Title: _____
Phone: (_____) _____

2. UNDER TENNESSEE'S RULES GOVERNING HAZARDOUS WASTE MANAGEMENT, IS THE WASTE:

	YES	NO
A) IGNITABLE?	<input type="checkbox"/>	<input type="checkbox"/>
B) CORROSIVE?	<input type="checkbox"/>	<input type="checkbox"/>
C) REACTIVE?	<input type="checkbox"/>	<input type="checkbox"/>
D) TCLP HAZARDOUS?	<input type="checkbox"/>	<input type="checkbox"/>
E) IS IT A LISTED HAZARDOUS WASTE?	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Waste Code(s): _____

RULE 1200-1-11-.03(1)(b) - A person who generates a waste must determine if that waste is a hazardous waste.

3. NAME AND/OR DESCRIPTION OF WASTE: _____

4. WASTE CHARACTERIZATION. Attach laboratory reports and/or material safety data sheets to adequately characterize the waste or explain why this is not necessary.

Describe any Special Handling Procedures: _____

pH (if applicable) _____ Radioactive (Y/N) _____

Flash Point (if applicable) _____ Infectious (Y/N) _____

Physical State: Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐

Color: _____ Percent Solid: _____

Attachment Included (Y/N) _____

5. DESCRIBE HOW WASTE IS GENERATED (Be Specific).

(A)
Rate of Waste "Generation": Quantity _____
Type Units: Tons ☐ cy ☐ lbs ☐ Other _____
(specify)
Frequency of Generation: One Time ☐ Daily ☐ Weekly ☐
Monthly ☐ Annually ☐ Other ☐ _____
(specify)

(B)
Rate of Waste "Disposal": Quantity _____
Type Units: Tons ☐ cy ☐ lbs ☐ Other _____
(specify)
Frequency of Disposal: One Time ☐ Daily ☐ Weekly ☐
Monthly ☐ Annually ☐ Other ☐ _____
(specify)

CONTINUED ON REVERSE

5. (continued)

(C) Include a narrative and a flow diagram of the process that generates the waste. Your explanation must describe the **POTENTIAL** contaminants in the waste which should justify your scope of constituents in Item 3. Include attachments as necessary.

Attachment Included (Y/N)_____

6. HOW IS WASTE PRESENTLY MANAGED?

7. DESCRIBE THE TYPE OF CONTAINER USED FOR TRANSPORT OF WASTE.

Drums ☐ Roll-Off ☐ Container (dumpster, collector box) ☐ Plastic Bags ☐ Truck ☐ Other _____

8. PROPOSED DISPOSAL / PROCESSING FACILITY. List only a facility that you have contacted and which has agreed to accept your waste if approved by the Department.

(A) Facility Name: _____
(B) Facility Permit Number: _____
(C) Facility Operator / Contact Name: _____
Phone: (_____) _____

9. PROPOSED TRANSPORTER.

Name: _____
Address: _____
Phone: (_____) _____

10. I hereby certify that the above information is true and accurate to the best of my knowledge.

Waste Generator's Authorized Signature:

Preparer's Signature (If Different):

Date

Date

Official Use Only

Reviewer's Signature

Date Reviewed

Send originals with attachments to the Solid Waste Environmental Assistance Center for the region in which the facility listed in Item 8 above is located.



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
WASTE EVALUATION FEE WORKSHEET**

1. DATE	Central Office Use Only SPC ID # _____			
2. GENERATOR				
<p>(A) Name: _____ Address: _____ _____ Zip Code: _____ Phone: (_____) _____</p> <p>(B) Contact Person: _____ Title: _____ Phone: (_____) _____</p>				
3. Amount Enclosed: \$ _____	4. <input type="checkbox"/> New Application <input type="checkbox"/> Renewal			
5. Name and Address of Waste Processing or Disposal Facility				
<p>Name: _____ Address: _____ _____ Zip Code: _____</p>				
6. Frequency of Disposal: <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____ (specify)				
Central Office Use Only				
CD Number	Date Received	Amount	Receipt #	Comments

Send original with payment directly to the Central Office.